



Event Date: September 28, 2018

Team Entry Form



Team Name _____

Player 1: _____ HANDICAP/Avg. Score _____

Player 2: _____ HANDICAP/Avg. Score _____

Player 3: _____ HANDICAP/Avg. Score _____

Player 4: _____ HANDICAP/Avg. Score _____



Contact Name: _____

Phone: _____

Email: _____



Circle if you would like to purchase:

MULLIGANS (\$20, max 3)

How many? _____

Please attach payment and return this form to: CASA of the Coastal Bend
P.O Box 4
Corpus Christi, TX 78403 Attn:
Bert Quintanilla
Or
bert@coastalbendcasa.org



Registration Deadline: September 28, 2018

Please attach cash or check upon entry.

